

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

**FORM C/OH**  
Cover Sheet pg 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total Pages Filed:

6

3. CANDIDATE /  
OFFICEHOLDER  
NAME

MS/MRS/MR

FIRST

MI

Addle

NICKNAME

LAST

SUFFIX

Wiseman

4 CANDIDATE/  
OFFICEHOLDER  
ADDRESS

ADDRESS /PO BOX;

APT/ SUITE #;

PO Box 26667

☐ Change of Address

CITY:

STATE:

ZIP CODE

Kingwood

TX

77325-6667

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

281

358-8495

6 CAMPAIGN  
TREASURER  
NAME

TITLE

FIRST

MI

RAY

NICKNAME

LAST

SUFFIX

GARCIA

7 CAMPAIGN  
TREASURER'S  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

2 RIVERWAY, SUITE 400

CITY:

STATE:

ZIP CODE

Kingwood HOUSTON

TX

77056

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

713

703-3605

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Exceeded \$500 limit

☐ July 15

☐ 8th day before election

☐ 16th day after campaign treasurer  
appointment (officeholder only)

☐ Runoff

☐ Final report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

10/30/2005

THROUGH

Month Day Year

12/31/2005

11 ELECTION

ELECTION DATE

Month Day Year

11/08/2005

ELECTION TYPE

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HOLDER (if any)

Houston City Council, Dist. E 0

13 OFFICE SOUGHT (if known)

Houston City Council, Dist E 0

14 NOTICE  
OF EDIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.  
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

Revised 11/05/2003

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

FORM C/OH

Cover Sheet pg 2

15. C/OH NAME Addie Wiseman

16. ACCOUNT # (Ethics Commission files)

17. NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ...

## COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURE NAME

COMMITTEE CAMPAIGN TREASURE ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS UNITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS UNITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 7,972.48

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 52,563.66

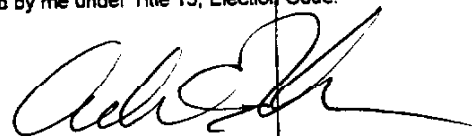
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

## 19 AFFIDAVIT

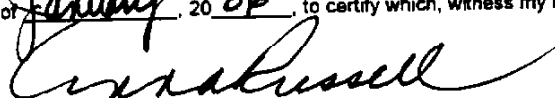
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of candidate

## AFFIX NOTARY STAMP/SEAL ABOVE

Sworn to and subscribed before me, by the said Addie Wiseman, this the 17th day of January, 2006, to certify which, witness my hand and seal of office.



Signature of officer administering oath



Print name of officer administering oath

## POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.			1	Total pages Schedule F: 4
2 FILER NAME Addie Wiseman			3	ACCOUNT # (Ethics Commission filers)
4 Date 10/30/2005	5 Payee name Amegy Bank 6 Payee address: City: State: Zip Code 1100 Louisiana Houston, TX 77002-	7	Amount (\$) 49.25	
8 Purpose of expenditure (See instructions regarding type of information required.) check re-order		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
4 Date 12/13/2005	5 Payee name Bay Area Metropolitan Ballett 6 Payee address: City: State: Zip Code P.O. Box 580466 Houston, TX 77258-	7	Amount (\$) 500.00	
8 Purpose of expenditure (See instructions regarding type of information required.) sponsorship		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
4 Date 12/21/2005	5 Payee name Aimee Bertrand 6 Payee address: City: State: Zip Code 3626 Riverwood Park Kingwood, TX 77345-	7	Amount (\$) 1,000.00	
8 Purpose of expenditure (See instructions regarding type of information required.) communications		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
4 Date 11/02/2005	5 Payee name Central Self Storage 6 Payee address: City: State: Zip Code 560 Kingwood Drive Kingwood, TX 77339-	7	Amount (\$) 166.00	
8 Purpose of expenditure (See instructions regarding type of information required.) storage		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
4 Date 11/21/2005	5 Payee name Central Self Storage 6 Payee address: City: State: Zip Code 560 Kingwood Drive Kingwood, TX 77339-	7	Amount (\$) 166.00	
8 Purpose of expenditure (See instructions regarding type of information required.) storage		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
4 Date 12/30/2005	5 Payee name Central Self Storage 6 Payee address: City: State: Zip Code 560 Kingwood Drive Kingwood, TX 77339-	7	Amount (\$) 16.23	
8 Purpose of expenditure (See instructions regarding type of information required.) storage		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

## POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 12/21/2005	Payee name Jessica Chakar Payee address: City: State: Zip Code 17535 Glenpatti Houston, TX 77084-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) administration		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/13/2005	Payee name Clear Lake Area Chamber of Commerce Payee address: City: State: Zip Code 1201 E. Nasa Rd 1 Webster, TX 77598-	Amount (\$) 275.00
Purpose of expenditure (See instructions regarding type of information required.) membership		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 12/21/2005	Payee name Martha Galvan Payee address: City: State: Zip Code 1123 Gardendale Drive Houston, TX 77018-	Amount (\$) 1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 10/30/2005	Payee name Houston Livestock Show & Rodeo Payee address: City: State: Zip Code PO Box 20070 Houston, TX 77225-	Amount (\$) 30.00
Purpose of expenditure (See instructions regarding type of information required.) sponsorship		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/08/2005	Payee name Humble Chamber of Co Payee address: City: State: Zip Code 110 W. Main Humble, TX 77338-	Amount (\$) 40.00
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
Date 11/10/2005	Payee name Humble Chamber of Co Payee address: City: State: Zip Code 110 W. Main Humble, TX 77338-	Amount (\$) 1,170.00
Purpose of expenditure (See instructions regarding type of information required.) ad		** Complete if direct expenditure to benefit C/OH ** Office held / sought Candidate / Officeholder name
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p>		

**POLITICAL EXPENDITURES****SCHEDULE F**

The Instruction Guide explains how to complete this form.			Total pages Schedule F:
FILER NAME Addie Wiseman			ACCOUNT # (Ethics Commission filers)
Date 12/13/2005	Payee name Humble Chamber of Co Payee address; City; State; Zip Code 110 W. Main Humble, TX 77338-	Amount (\$) 40.00	
Purpose of expenditure (See instructions regarding type of information required.) luncheon		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date 12/13/2005	Payee name Humble Chamber of Co Payee address; City; State; Zip Code 110 W. Main Humble, TX 77338-	Amount (\$) 250.00	
Purpose of expenditure (See instructions regarding type of information required.) dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date 12/21/2005	Payee name Dan Kilgore Payee address; City; State; Zip Code 4122 Pine Breeze Drive Kingwood, TX 77345-	Amount (\$) 1,000.00	
Purpose of expenditure (See instructions regarding type of information required.) intern		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date 11/04/2005	Payee name Kingwood Executive Suites Payee address; City; State; Zip Code 1110 Kingwood Drive, Suite 100 Kingwood, TX 77339-	Amount (\$) 195.00	
Purpose of expenditure (See instructions regarding type of information required.) rent		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date 12/13/2005	Payee name Kiwanis Club of Kingwood Payee address; City; State; Zip Code PO Box 5502 Humble, TX 77325-	Amount (\$) 625.00	
Purpose of expenditure (See instructions regarding type of information required.) dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
Date 12/13/2005	Payee name National Transplant Payee address; City; State; Zip Code 1980 Post Oak Blvd. Houston, TX 77056-	Amount (\$) 250.00	
Purpose of expenditure (See instructions regarding type of information required.) donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name	Office held / sought
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

## POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F:
FILER NAME Addie Wiseman		ACCOUNT # (Ethics Commission filers)
Date 12/13/2005	Payee name The Village Learning Center Payee address; City: State: Zip Code Highway 59 North Humble, TX 77338-	Amount (\$) 200.00
Purpose of expenditure (See instructions regarding type of information required.) donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
Date / /	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
Date / /	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
Date / /	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
Date / /	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
Date / /	Payee name Payee address; City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		